

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213517316</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>Midwest Loan Services, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F1897497</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 616 Shelden Avenue</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Houghton, MI 49931</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EDWARD BURGER  TITLE: PRESIDENT  ADDRESS: 616 SHELDEN AVENUE  CITY/ST/ZIP/CO: SUITE 300  HOUGHTON, MI 49931 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD BURGER TITLE: PRESIDENT ADDRESS: 616 SHELDEN AVENUE CITY/ST/ZIP/CO: SUITE 300 HOUGHTON, MI 49931	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JESS MONTICELLO VP SECONDARY 30500 NORTHWESTERN HWY. SUITE 201 FARMINGTON HILLS, MI 48334	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS AGRESTA DIRECTOR 2015 WASHTENAW AVE. ANN ARBOR, MI 48104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMI HALEY JANOWICZ DIRECTOR 2015 WASHTENAW AVE. ANN ARBOR, MI 48104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIE BURZYNSKI DIRECTOR 30500 NORTHWESTERN HWY. SUITE 315 FARMINGTON HILLS, MI 48334	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY REVORD DIRECTOR 2015 WASHTENAW AVE. ANN ARBOR, MI 48104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LOUISE COLLINS		LOUISE COLLINS, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			